Boards in Common paper M1

Meeting	University Hospital of Leicester and University Hospitals of Northamptonshire NHS Group (Kettering General Hospital and Northampton General Hospital) Public Boards of Directors
Date	11th June 2026
Title	6.2 (Paper M1) UHN Freedom to Speak Up (FTSU) 2025/2026 Quarter 4 and Annual Report (including update regarding service provision)
Presenter	Becky Taylor, UHN Director of Continuous Improvement
Author	Becky Taylor, UHN Director of Continuous Improvement

Link to Group Priorities (select all that apply):		
Transform Patient Care	**Strengthen our Culture**	Deliver our financial plan

Action: this paper is for:		
Decision	**UHN Assurance**	**Information**

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which	Previous consideration
UHN18 Strengthen culture	People Committee, 21 May 2026

Implications

Financial

Integrated Leadership Team (ILT) has approved an investment in the FTSU service to move to an independently provided model for the FTSU service.

Legal

Freedom to Speak Up Guardians are mandated for NHS organisations and are required to report to the National Guardian's Office quarterly.

Equalities

An Equality Impact Assessment has been completed as part of the business case for Investment to move to an independently provided model for FTSU with limited identified impact of the change, which has highlighted the need for careful communications as part of the launch of the new service.

The report touches on matters of discrimination as raised to the Guardian in the due process of undertaking the role.

Executive Summary

This paper provides assurance that the Freedom to Speak Up service is offered appropriately across UHN at both Northampton General Hospital and Kettering General Hospital. From 26th May 2026, the FTSU service will be provided externally by The Guardian Service.

A total of 269 concerns were raised across UHN, with 186 at NGH and 83 at KGH. This is a reduction for KGH compared with the previous year, while still representing the highest number of concerns raised across UHN (and at NGH) in a single year.

Anonymous reporting remains high at 38.7% for the year (35% NGH, 47% KGH), predominantly via the Microsoft Form. Nurses and Midwives remain the largest identified group raising concerns, with a small but increasing contribution from doctors supported by targeted engagement.

The most prevalent themes across the year related to inappropriate behaviours, worker safety and wellbeing, and systems/policies and processes. Reported detriment was low (2 cases at NGH, none at KGH), though survey findings indicate a fear of detriment and perceived futility remain significant barriers that may suppress detriment reports.

Feedback volumes were low (19 of 269) but largely positive describing the Guardian's approach as supportive. Engagement activity through the year included targeted sessions at doctors forums, engagement with theatres and maternity staff, ad hoc walkarounds, listening events, induction presence and engagement at strategy launch events.

From 26 May 2026, UHN has moved from an internal colleague-led service to using The Guardian Service, an independent and experienced service which provides a 24/7/365 confidential environment for colleagues to raise concerns. As part of the transition, the FTSU Champions network has also been disbanded. The service transition has been conducted smoothly, and the new service has been receiving concerns. The Guardian Service has successfully recruited two Guardians for UHN who will start in July, with an interim Guardian supporting.

Thank you to both Luke Sullivan and Jane Sanjeevi who have served as FTSU Guardians, and the FTSU Champions across UHN and their collective commitment to strengthening our speaking up culture in UHN.

Recommendation

The UHN Boards of Directors are requested to receive and note the report and to indicate assurance regarding the trusts' FTSU arrangements

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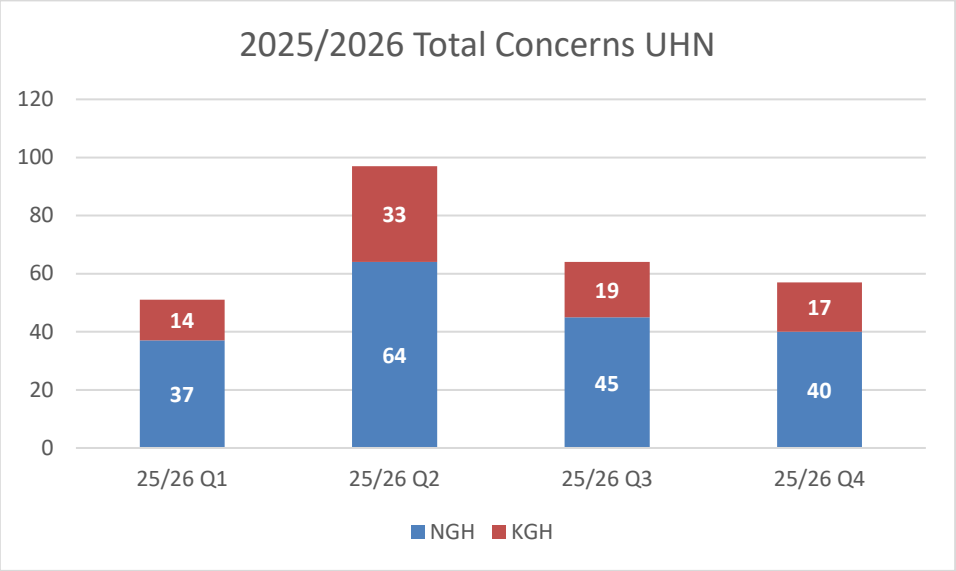
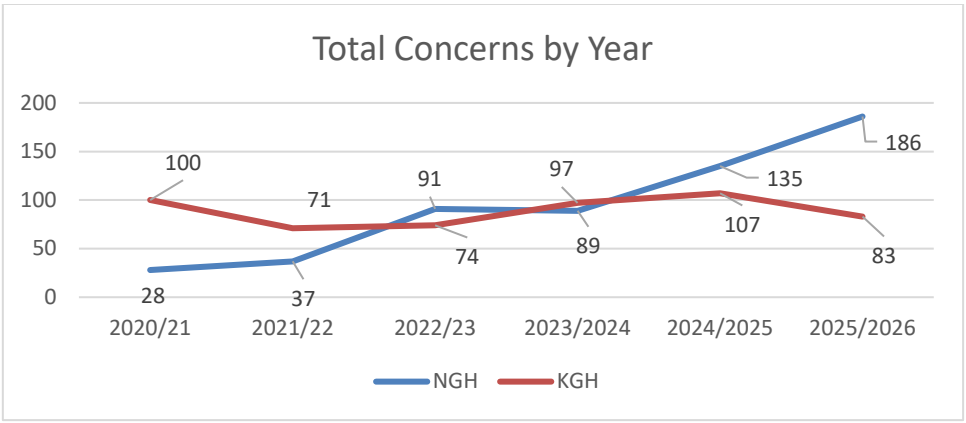
2025/2026 Overview



There were a total of 269 concerns heard across UHN in 2025/26; 186 concerns were heard at NGH, and 83 were heard at KGH.

Concerns remained broadly consistent across the year, with an exception in Quarter 2 (July–September) where concerns increased across both NGH and KGH, including multiple concerns regarding joint working across UHN. There was no typical increase associated with October (Speak Up Month) activities, and there was also no typical lull in Quarter 4 that has been seen in previous years.

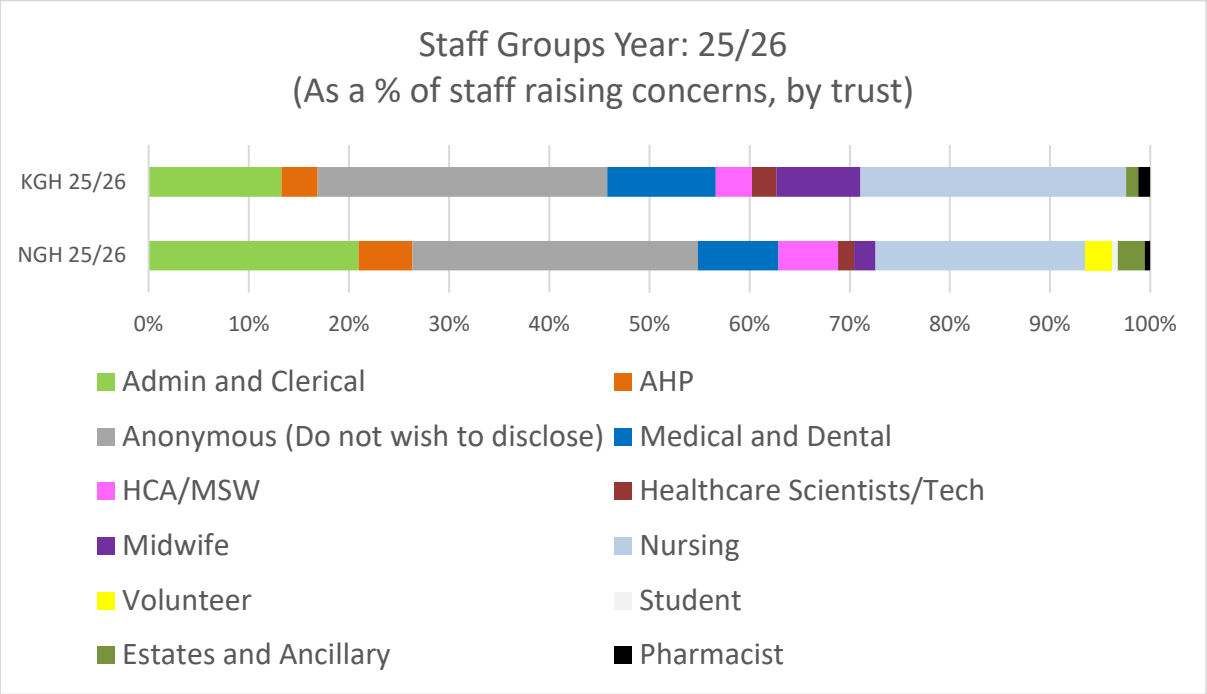


Concerns reported at NGH have steadily increased from implementation of the FTSU service and in the past 2 years have doubled. For an acute trust in the 2024/25 national NGO report, an average of 45.9 concerns were reported per quarter (however no breakdown was provided on organisation size).

We can generally draw from this that NGH reports an average amount of concerns for an acute trust and KGH falls below this.

Anonymous reporting remained consistently high across the year with the most anonymous concerns recorded in quarter 2; 38.7% of concerns across UHN (47% at KGH, 35% at NGH) were reported anonymously, predominantly using the Microsoft Form. This is much higher than national average (11.6%), though notable that the majority of trusts report either 0 or 1 anonymous case per year, and some organisations do not provide anonymous routes.

Concerns by Staffing Group



Across 25/26, the substantial proportion of anonymous concerns has limited insight into which staff groups are speaking up. A brief analysis of data quality in concerns reported via the Microsoft Form has identified that concerns reported anonymously are on average shorter (most only 2-3 sentences), less specific and predominantly touch on themes around poor leadership and toxic cultures within the wider organisation.

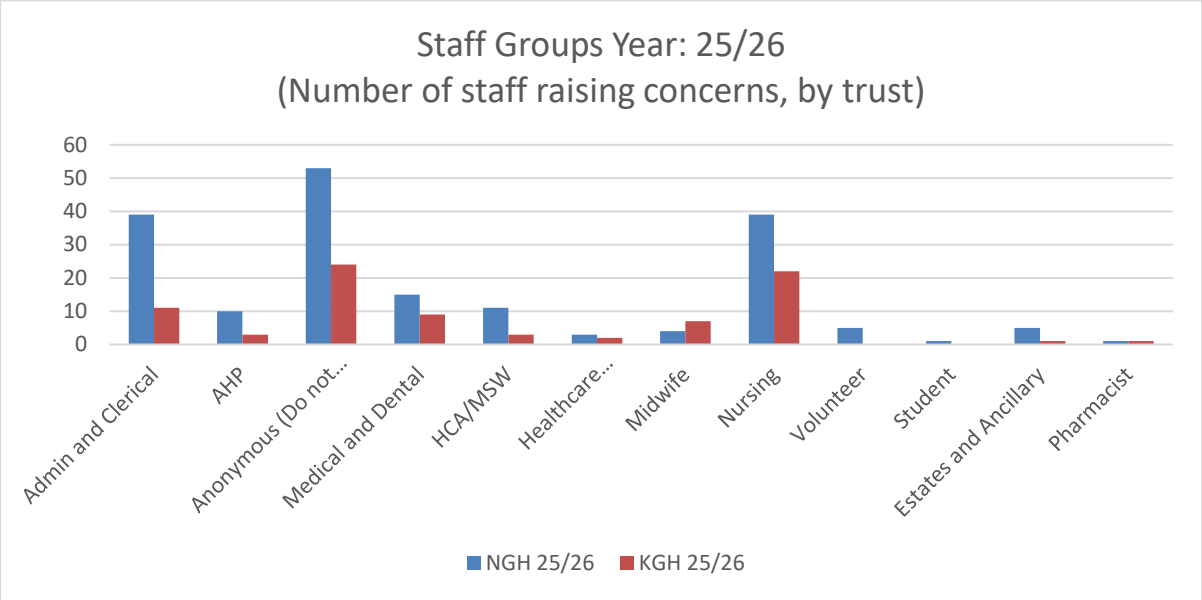
Where professional groups were disclosed, Nurses and Midwives remained the largest group raising concerns overall, accounting for 26.8% (23.1% NGH, 34.9% KGH), broadly in line with national patterns (28.3% nationally in 2024/2025), though this proportion did reduce in Quarter 4. Generally, more nursing-based concerns were raised at NGH, with more midwifery concerns raised at KGH. The second largest group was admin/clerical, in keeping with previous years; concerns from this group were raised evenly across divisions within both trusts.

Medical colleagues accounted for a small but increasing share of concerns, rising especially in Quarter 4. Across the year, they accounted for 8.9% (8.1% NGH, 10.8% KGH), higher than previous national averages (6.4% nationally in 2024/2025). This followed increased Guardian presence at doctors' forums and targeted engagement through the year.

Under-represented groups through the year include Pharmacists, AHPs, Healthcare Scientists and HCAs, who collectively rarely raised concerns. Whilst some concerns were raised from estates

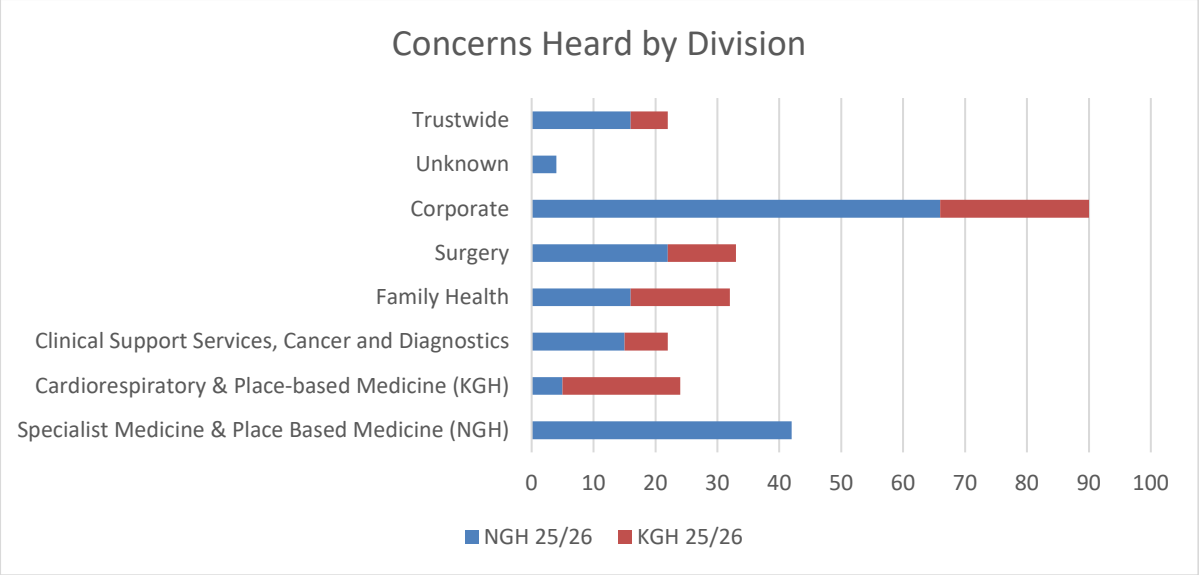
colleagues, these were all from domestic services, with few concerns raised from security or portering. Informal conversations with these colleagues identified a lack of trust in confidential processes.

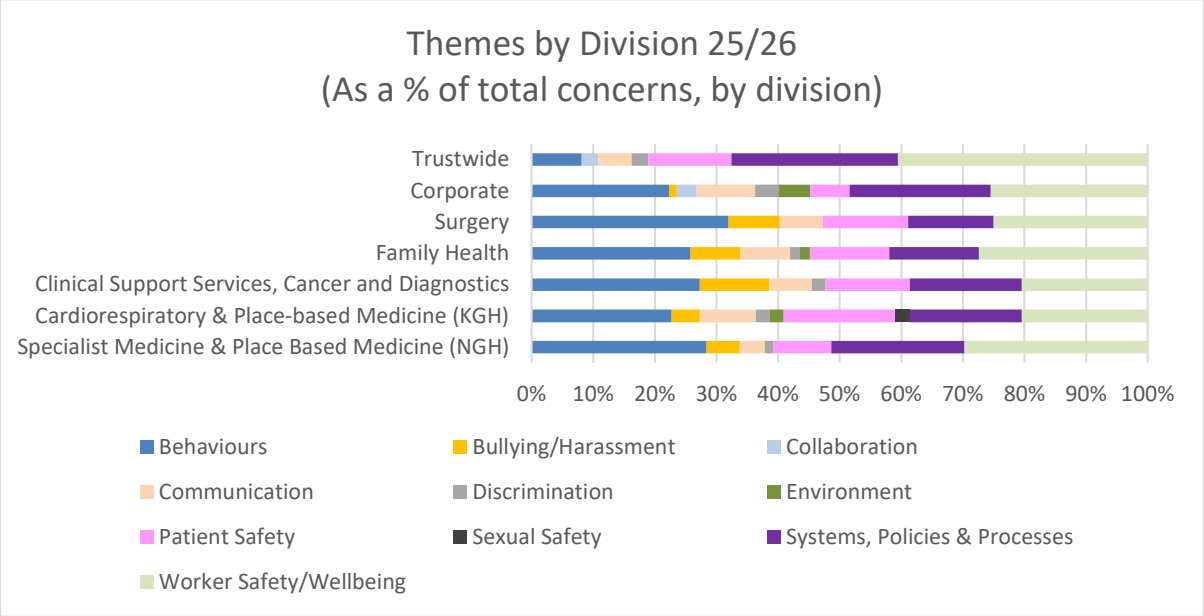
Informal feedback indicates that some staff on rotation or newer to the organisation are unclear about speaking up routes and alternative contacts noting improvements required in local inductions and training. Speak up/Listen up/Follow up training has been implemented for appropriate staffing groups across the organisation as of 2026.



Concerns by Division

Concerns are recorded by which division they are raised about, which also allows for anonymous concerns to be correctly recorded under an appropriate division and gives us a clear picture of where issues are across both trusts. Divisions for 2025/26 were reported collectively, quarterly and are aligned within the data in this section.



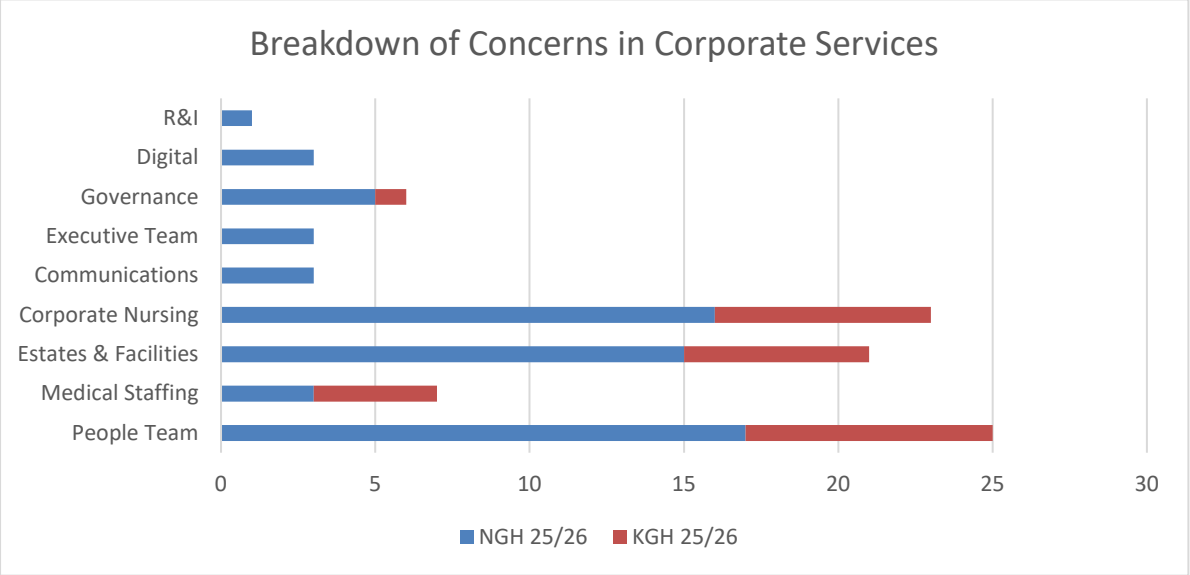


Across 2025/26, concerns were reported across all divisions, with the corporate division consistently accounting for the highest volume overall (particularly at NGH). Concerns recorded as “Trustwide” were typically anonymous concerns vague in location and non-specific reflecting broad working environment concerns (including deployment outside expertise, violence and aggression from patients, issues with uniforms, organisational messaging, behaviour of staff in corridors and general workplace culture).

Those concerns reported as unknown include anonymous ward based concerns that appear location specific but the individual had not filled out information for the location, and these were reported generally as themes for the senior nursing team.

For the remaining divisions, numbers of concerns remained fairly consistent with more collectively over UHN reported in Surgery/Family Health. Concerns reported at NGH in Surgery primarily related to poor behaviours of colleagues and bullying whereby KGH concerns were predominantly patient safety, including a cluster of concerns about clinical practice.

Concerns raised in Family Health were driven by different services across UHN with more concerns reported from paediatrics at NGH and more from maternity services at KGH. Concerns raised within Medicine divisions across both trusts were predominantly ward based concerns relating to high levels of stress and inappropriate behaviours from both colleagues and leadership. Whilst CSS/CS followed widely the same pattern, there were a slightly higher proportion of bullying/harassment concerns originating from Pathology.



A further breakdown of corporate concerns into respective teams includes Research & Innovation, Digital, Governance, Executive Team, Communications, Corporate Nursing, Estates & Facilities, Medical Staffing and the People team.

All concerns relating to the People Team related to formal processes and timescales where individuals felt that communication and resolution were not timely or forthcoming, and where they had difficulty accessing support or getting an initial response where signposted. Exacerbating this was an underlying theme throughout the year where individuals struggled to get responses and representation from their union, which impacted timelines resulting in potentially misplaced frustrations with the People Team on process timelines.

Corporate Nursing concerns included a number of concerns about toxic culture and leadership, concerns about the corporate nursing consultation and the results/implementation of these, and a large swathe of concerns in quarters 1 and 2 relating to implementation and use of bank shifts and enhancements.

A majority of estates/facilities concerns related to environmental and infrastructure issues reported across the organisation including waste management, meal provision, damage/deteriorating infrastructure, and parking queries, rather than concerns about specific estates teams or individuals.

R&I, Digital, Governance and Medical Staffing concerns related primarily to processes within these teams. Executive concerns specifically involved trust wide communications issued by members of the executive team and the content of these where individuals took issue, similar with Communications concerns which related to the content of general Trustwide comms.

Concerns by NGO Theme

UHN 2024/2025	UHN Total	KGH Q1	NGH Q1	KGH Q2	NGH Q2	KGH Q3	NGH Q3	KGH Q4	NGH Q4
Behaviours	124	9	15	14	28	13	16	9	20
Bullying/Harassment	24	4	2	3	3	0	7	1	4
Patient Safety	57	1	9	8	14	4	7	7	7
Worker Safety	136	2	17	18	34	7	27	6	25
Detriment	2	0	0	0	0	0	2	0	0

UHN Data compared to 2024/2025 annual NGO Report

One in every three cases raised (38.9%) involved an **element of worker safety or wellbeing.**
KGH: 39.8% ↑ **NGH: 55.4%** ↑

Two in every five cases (39.7%) involved an element of **inappropriate behaviours and attitudes.**
KGH: 54.2% ↑ **NGH: 42.5%** ↑

18.4% of cases reported included an **element of bullying or harassment.**
KGH: 9.6% ↓ **NGH: 8.6%** ↓

17.8% of cases raised included an element of **patient safety/quality**
KGH: 24.1% ↑ **NGH: 19.9%** ↑

Detriment for speaking up was indicated in 2.9% of cases
KGH: 0% ↓ **NGH: 1.1%** ↓

Detriment

The 1.1% of cases experiencing Detriment at NGH refers to 2 cases. One case was reported anonymously and indicated that staff on an undisclosed ward were publicly reprimanded by the ward sister when they raised concerns locally. The other related to a case in which individuals felt their identity had been compromised by a senior leader in the handling of their concern, and this was

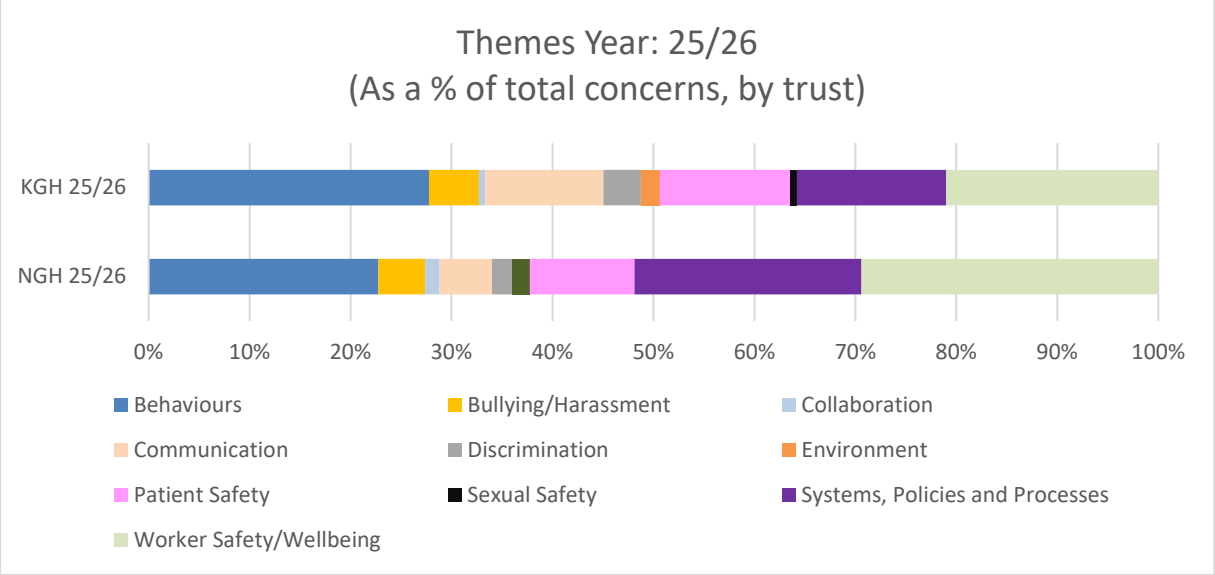
referred to and supported by the director of service and People team to a positive and reflective outcome for the individuals.

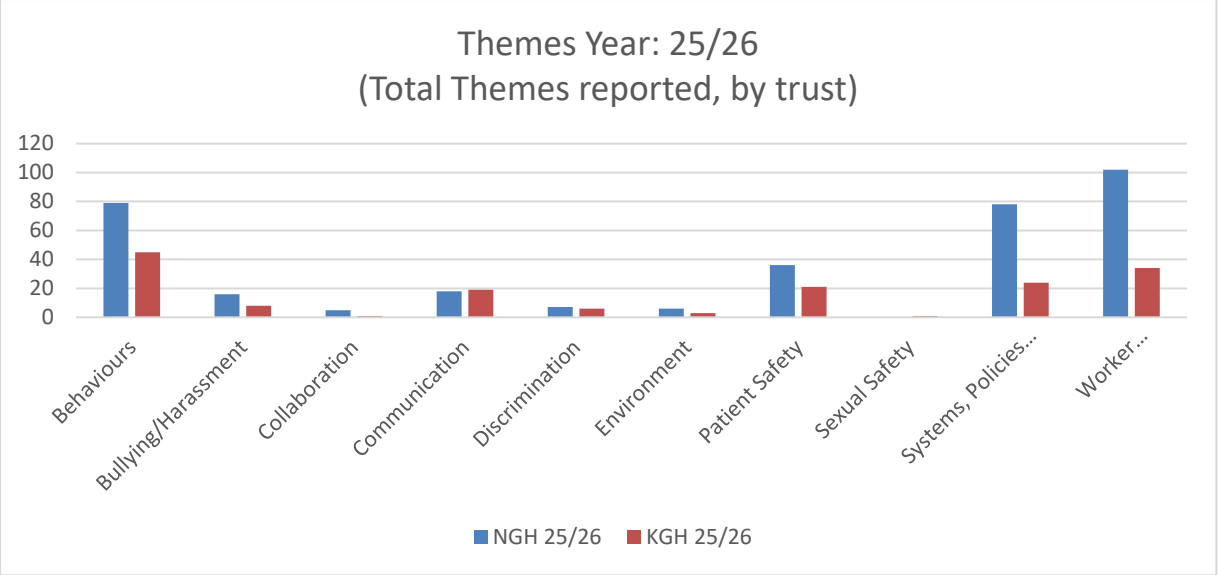
Individuals primarily raise concerns confidentially where only the guardian knows their identity. They often cite a fear of detriment as the reason they won't raise them openly. The NGO published guidance for managing detriment in January 2025 which includes a checklist to complete when detriment has been reported, which is embedded in our practice and included within the UHN FTSU policy.

Concerns by UHN Theme

In some cases the NGO themes do not apply and are as such insufficient to narratively describe a concern. The Guardians across UHN have agreed a number of additional internal themes to allocate to concerns to aid in reporting and identifying what concerns we are hearing. As with the NGO themes, multiple may apply to one concern.

From every concern raised with us there is an opportunity for learning and action and concerns are approached consistently across UHN. Below is a summary for each theme. Of note, there were no concerns reported under the internal themes of "Fraud" or "Information Governance" for 2025/2026.





Inappropriate Behaviours/Attitudes

124 (46.1%) concerns had an element of inappropriate behaviours/attitudes; **45 (56%) at KGH, 79 at NGH.**

This is the most common theme across UHN and the most common at KGH. It has remained consistent across this and last year and commonly concerns related to general incivility from colleagues and managers, and toxic working cultures, and this year have included;

- Concerns about poor workplace behaviours from colleagues and line managers, including dismissive attitudes, poor conduct, and undermining behaviour impacting morale and psychological safety
- Reports of leadership behaviours including micromanagement, lack of response to escalations, and meetings handled in ways staff felt discouraged from challenging or speaking up.
- Interpersonal relationship concerns where individuals were unsure how to address conflict or access support; colleagues were signposted to the resolution policy and supported to raise issues through safe routes.
- Isolated individual conduct concerns (including issues with timekeeping, completing duties, documentation standards) were escalated to appropriate senior leads for oversight.
- A general lack of responsiveness to communications from both managers, colleagues and other services including the people team and senior leaders within the service, has been cited as a key driver for poor culture as felt by staff approaching the guardians.

Bullying/Harassment

24 (8.9%) concerns had an element of bullying and/or harassment – **8 at KGH, 16 at NGH.**

These concerns are where inappropriate behaviours and attitudes cross over to a more serious and sustained pattern of behaviours, and/or where individuals feel like they are being targeted, bullied and/or harassed. This theme has reduced in frequency of reporting and falls below the national average of 18.4% for both trusts. This year concerns have included:

- Divisive dynamics and cliques between managers and colleagues creating a split in teams, including elements of favouritism and perceived unfairness amounting to a sustained pattern amounting to bullying.
- Isolating and uncivil behaviours reported between and to/from both groups of Doctors and Nurses within Paediatrics at NGH, including targeted comments about individual practice and a poor tone of voice for specific individuals.
- Internationally educated nurses reporting experiences of bullying and poor support, with examples where individuals felt performance management was used in a way to target and drive them out of their role.

Collaboration

6 (2.2%) concerns had an element of collaboration – **1 at KGH, 5 at NGH.**

This theme was introduced due to an increase in queries and concerns raised around collaborative working under the group model of UHN in 2024/2025. This year, there were fewer concerns in this area and those reported originated from colleagues undergoing consultation processes. Themes included-

- Cross site working pressures; some staff reported feeling unable to challenge unreasonable expectations, highlighting the need for clear escalation routes and consistent management support.
- Support for multi-team working required spanning estates, pathology and maternity interfaces for external hubs.
- Concerns about differences between individual roles at NGH/KGH which did not seem to be addressed or reconciled across the group when integrating teams, particularly in corporate nursing services.

Communication

37 (13.8%) concerns had an element of communication, **18 at KGH and 19 at NGH.**

Whilst poor communication tends to be present concerns raised about other inappropriate attitudes or behaviours, a number of individuals cited poor communication as a key aggravating factor in their concerns. This includes poor communication from managers to teams, peer to peer, concerns around visibility and availability of leadership to help with queries and tasks, and poor written records and ineffective handovers, and additional concerns such as:

- Lack of clarity on actions taken following complaints, last minute rota and shift changes (notably in maternity) and limited updates to staff on long-term sick leave regarding management changes.
- Poor responsiveness to emails and a perceived disconnect between leadership messaging and frontline priorities; some colleagues opted to raise issues openly with senior leaders including the executive team.
- Colleagues described poor communication and insufficient duty of care during grievances, disciplinary and dismissal processes.
- Miscommunication in some ward areas where staff were advised by local leadership that they must raise concerns locally before contacting the FTSU Guardians or the guardian will not hear their concern.

Discrimination

13 (4.8%) concerns had an element of discrimination, **6 at KGH and 7 at NGH.**

A majority of concerns relating to discrimination will primarily be about another issue, with an element of discrimination either evidenced or perceived highlighted by the individual. These concerns included:

- Perceived inequity and discriminatory experiences particularly for internationally educated nurses (increased rates of bullying, limited access to flexible working support and perceived unfair performance management felt to be a result of their ethnicity).
- Allegations of bias and a lack of inclusion raised, including perceived pre-selection of candidates and inconsistent access to training opportunities. Inclusive Recruitment Champions have been used where appropriate.
- Microaggressions reported in relation to both ethnicity and long-term conditions including dismissive comments made to staff about their neurodiversity.
- Use of non-English languages during clinical handover and whilst performing clinical duties.
- Inability to take 2+ weeks of leave at a time has been reported to unfairly impact internationally trained colleagues who need additional time factored for travel arrangements to visit their family.

Environment/Infrastructure

9 (3.3%) concerns related to environment or infrastructure; **3 at KGH and 6 at NGH.**

Environment and Infrastructure concerns span issues across environmental hygiene, state of the infrastructure and estate, and queries made about parking. Colleagues are signposted where possible to the estates helpdesk to raise a ticket. This year themes have included;

- Ongoing issues with smoking and associated waste outside entrances to ED; additional bins and receptacles were introduced and estates liaison with volunteers has been strengthened to identify issues.
- Concerns about poor ventilation and cooling affecting wellbeing in Pathology and respective trust restaurants during the summer.
- Reduction of domestic support in office areas, practical issues including heating outages.
- Sightings of pests (rats) reported at KGH during winter.
- Concerns about insufficient parking and clarity of the processes behind parking charges.

Patient Safety

57 (21.2%) concerns were raised with an element of patient safety, **21 at KGH and 36 at NGH.**

In instances where there is an apparent and imminent risk to patient safety concerns are always escalated immediately to a relevant director and colleagues are advised that in cases where there is an urgent safeguarding issue, it may not be possible to maintain confidentiality. There has not been a need to do this through 2025/26. Patient safety concerns this year have included:

- Concerns spanning clinical practice including IPC, Training/Induction and staffing arrangements linked to behaviours and poor communication where staff felt this created a risk to patient safety, including reports of non-adherence to IPC advice in ED; gaps in neonatology induction and training; and concerns about cover arrangements specifically in maternity KGH contributing to burnout and perceived risk.
- Concerns about individuals potentially lacking relevant qualifications and participating in procedures inappropriately; queries around fitness to practise and use of unsterile equipment escalated with clinical directors.
- Delays in vetting MRI/CT requests where these have been escalated for oversight.
- Cluster of concerns within KGH regarding the clinical practice of an individual with potential patient safety incidents resulting in harm escalated with the MD remaining under investigation via parallel processes.
- Prolonged patient stays in paediatric areas at NGH.
- Instances of poor behaviours and conduct potentially impacting on patient safety; where behaviours are deemed a potential safety risk these are raised with the relevant clinical director to investigate and determine whether the risk exists.

Sexual Safety

1 (0.4%) concern was raised relating to sexual safety **at KGH.**

This related to a concern where an individual felt unsafe following the initial response to inappropriate behaviour from a patient in A&E. This was escalated with local leadership for appropriate support and learning.

Systems, Policies and Processes

102 (37.9%) concerns related to Systems, Policies and Processes, **24 at KGH and 78 at NGH.**

Concerns relating to systems and processes were a leading theme at NGH and accounted for a quarter of concerns at KGH, spanning a host of issues including issues with policies (content and implementation), length of time of formal processes and issues with bank shifts and booking processes. Themes have included:

- Fairness in the allocation of bank shifts and delays in bank payments for ward based staff.
- Delay in response to queries about re-banding and flexible working requests from managers.
- Extended timescales and poor communication around grievance processes and outcomes, as well as disciplinary and complaint processes locally.
- Reports of incidents being dismissed from Datix due to not being a patient safety incident, however not being picked up via any other avenue or resolved otherwise.
- Staff sought clarity on appropriate audit pathways and clinical representation expectations for Governance/SLT meetings.
- Concerns about how confidential waste and deliveries are managed within maternity hubs.

Worker Safety/Wellbeing

136 (53.5%) concerns related to worker safety and wellbeing, **34 reported at KGH and 102 reported at NGH.**

This is the most common theme presented at NGH in contrast with few numbers at KGH. Throughout 2025/26 guardians noted that staff approaching them from both trusts were noticeably more distressed citing impacts of their concerns on their psychological wellbeing. Themes this year have included:

- High impact of poor behaviours and organisational change on morale, stress levels and impacting on confidence in speaking up.
- Staffing reductions impacting safety and service quality, perceptions of unsafe staffing mixes in practice and fatigue linked to on-call patterns, extended working hours and having to lone work during break times.
- Inability to take breaks and limited rest spaces within maternity services with high stress and burnout and a reluctance to identify individuals' behaving poorly due to fears of reprisal.
- Highlighted the ongoing need for pastoral support for internationally educated colleagues.
- Some staff feel discouraged and fear they will be reprimanded for escalating outside of formal reporting lines where they feel uncomfortable to do so.
- Delays in requests for wellbeing support due to increased requests for support.

Barriers to Speaking Up

The National Guardian's Office cites fear and futility as the two key known barriers to speaking up; the fear that there will be some sort of reprisal of detriment arising from an individual speaking up, and the feeling that it is futile to speak up- nothing will change as a result.

A survey was conducted across UHN from September to December 2025 to identify how barriers are felt locally. There were **105** respondents split as below:

Site	Total responses
NGH	68
KGH	23
UHN (Role across both)	8
Not specified	6

Staff were asked what the most common barriers they perceived to speaking up were, for which they could provide multiple answers. These responses are illustrated in the below table.

Site	Fear of Detriment	Futility	Lack of Time	Lack of availability (of speaking up routes)	Not sure who to speak to
NGH	44	42	15	0	5
KGH	15	17	1	0	2
UHN (Role across both)	3	3	2	1	1
Not specified	5	5	0	0	0

Colleagues were also asked whether they had ever experienced negative consequences from speaking up locally:

Site	Yes	No
NGH	43	25
KGH	13	10
UHN (Role across both)	5	3
Not specified	5	1

And whether they had ever witnessed someone else experience negative consequences from speaking up:

Site	Yes	No
NGH	38	30
KGH	11	12
UHN (Role across both)	5	3
Not specified	3	3

Responses to both questions indicate that detriment at a local level is a common occurrence. That this isn't reflected in detriment figures indicates staff who experience negative consequences are further discouraged from raising their concerns and addressing this further.

A number of other key themes were shared by individuals responding to the survey:

- **Fear of Detriment -** Reports that speaking up leads to being targeted, isolated, labelled a troublemaker – and leads to scrutiny, blocked requests for leave and shifts and adverse career impacts. This was a consistent theme across both sites and echoed in accounts of colleagues' own experience and that they'd witnessed.
- **Fear of Futility-** Perception that concerns are not acted upon by leaders, feedback is limited and outcomes are unclear. This lowers confidence to raise issues again and reinforces the belief that it is futile to raise concerns.
- **Risk of identification –** individuals are worried that information will get out about them, that there is a digital footprint via emails or teams and that details are shared by managers beyond a need to know basis. Lack of trust in direct line management and in formal processes was indicated across sites.
- **Responsiveness –** Some colleagues noted that arranging an initial contact can be challenging and slow, with limited time and competing pressures impacting availability of staff to meet.
- **Leadership Behaviours –** Comments described intimidating and dismissive behaviours, poor communication, microaggressions and inadequate challenge of senior staff by their peers.
- **Routes to speaking up –** Colleagues reported a high level of comfort with using Datix to report patient safety concerns. Views on FTSU and People team as a method to raise concerns were mixed with a small majority of staff feeling either positive or strongly positive, and there was a varied/neutral response to raising concerns with a manager or supervisor.

Colleagues were invited to share suggestions for what may help break down barriers:

- **Strengthen confidentiality** – Reinforce clear expectations on information sharing, explain how anonymity will be protected and address concerns about audit trails and digital footprints.

- **Speed and clarity of outcomes –** Set and communicate realistic timescales with regular updates and close the loop with clear learning shared organisation-wide.
- **Visible senior allyship** – Consistent and visible messaging from executive and senior leaders, and key partners including the people team, staffside and staff networks that speaking up is valued and safe.
- **Manager capability and behaviours –** Targeted development on psychologically safe leadership, communication, and responding well to challenge; address poor behaviours promptly at all levels.
- **Improve accessibility –** Offer flexible contact routes and reliable scheduling to reduce delays and missed opportunities to capture concerns.
- **Trusted route for concerns about senior staff –** Ensure independent, robust pathways exist where staff do not feel forced into unsafe formal processes where a power imbalance may exist.

Feedback

Feedback responses are sought quarterly from all colleagues that have raised concerns, and were received in low volumes across the year. The majority of responses provided were positive though only 19 responses were received of 269 concerns raised. The high volume of anonymous reporting has increased the challenge in getting valuable feedback. The primary question we ask colleagues is if they would speak up again having experienced the process of raising a concern with a guardian.

Would you speak up again? Feedback responses by site and quarter (2025/26)

Site	Quarter	Yes	No	Maybe	Don't know
NGH	Q1	1	0	0	0
NGH	Q2	3	0	0	0
NGH	Q3	3	1	0	0
NGH	Q4	3	0	1	0
KGH	Q1	0	0	0	0
KGH	Q2	3	0	0	0
KGH	Q3	1	1	0	0
KGH	Q4	2	0	0	0

Colleagues are also asked to provide a narrative feedback, which has been separated by NGH and KGH as below:

NGH Narrative Feedback

- **Approachable, safe and supportive:** The Guardian was approachable and created psychological safety to raise concerns without fear of retaliation.
- **Timely follow-up and clear communication:** Positive feedback referenced clear updates and communication throughout the process.
- **Active listening and explaining next steps:** Comments highlighted being listened to and helped to understand what would happen next.
- **Process burden/time:** Some comments noted that the end-to-end process can feel lengthy (e.g., time taken for guardians to seek updates and relay information back).

KGH Narrative Feedback

- **Supportive listening and sounding board:** Feedback described the Guardian as a good listener and a helpful space to talk issues through.
- **Friendly, respectful and reassuring approach:** Respondents valued a personal approach that felt confidential and non-judgemental.
- **Unrushed and informal style:** Comments noted that conversations were not hurried and helped individuals understand options and available steps.
- **Effective signposting:** Feedback referenced being directed to the most appropriate next contact/route and awaiting follow-up meetings.
- **Confidentiality learning (isolated):** One negative response (Q3) reflected concern that others had been involved unnecessarily, perceived as a confidentiality breach; this reinforces the importance of minimising information sharing and being explicit about consent and need to know principles in case handling.

Engagement Activity

A range of engagement activity was undertaken this year, including;

- Continued attendance at rethinking racism sessions where possible to engage and offer perspectives on discrimination based themes raised with the guardians
- Continued engagement with volunteers at induction from our dedicated FTSU Champion in NGH volunteer services and cover from guardians where required
- Attendance at PNA sessions where guardians deliver presentations to raise awareness for speaking up
- Attendance at theatre training sessions to provide a FTSU talk , Q&A and discuss routes to speaking up
- Attendance at midwifery support worker sessions to raise awareness
- Hosted stalls at – Maternity conference; doctors education day; NMAHP strategy launch; civility roadshow; theatre civility study day; we belong strategy event.
- Ongoing attendance at preceptorship sessions to deliver FTSU presentation

- Maternity drop in sessions at KGH including an all day drop in sessions for staff to raise concerns in person
- FTSU/Exec Lead walkarounds at KGH to talk about FTSU and share posters/handouts for the aligned service across UHN
- ED Listening events across Q2 with colleagues to hear concerns
- Ward based presentations for specific teams across the year ad-hoc where required
- Regular attendance at paediatric team training days to present and answer questions about FTSU
- Joined the Brew buddy to do walkarounds at KGH to meet with colleagues and provide posters/handouts

Staff Survey Results 2025

We have previously used four key questions to identify general confidence in speaking up across both organisations from the staff survey results:

Q20a – I would feel secure raising concerns about unsafe clinical practice

Q20b – I am confident that my organisation would address my (unsafe clinical practice) concern

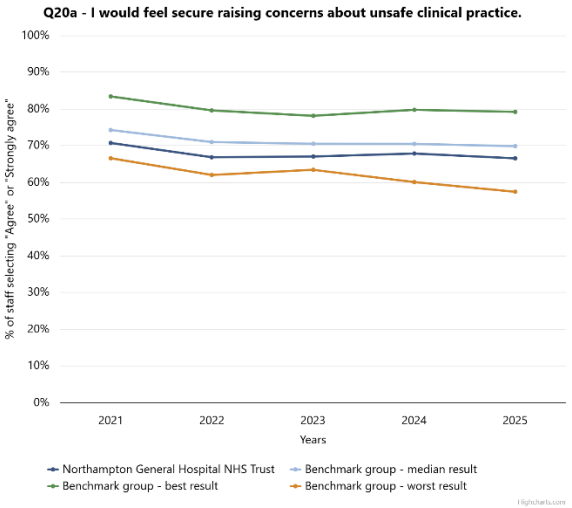
Q25e – I feel safe to speak up about anything that concerns me in this organisation

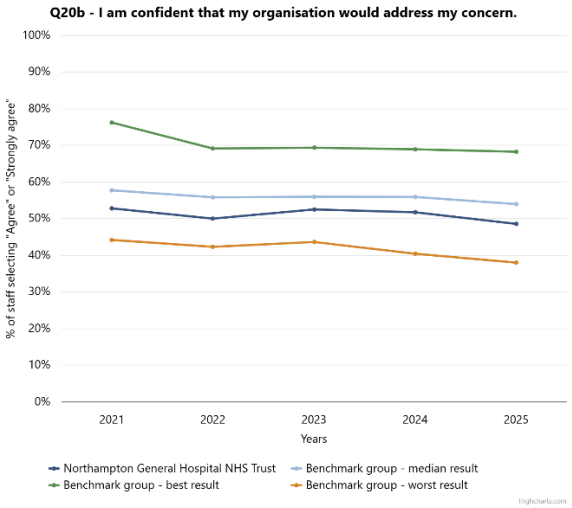
Q25f – If I spoke up about something that concerned me I am confident my organisation would address my concern

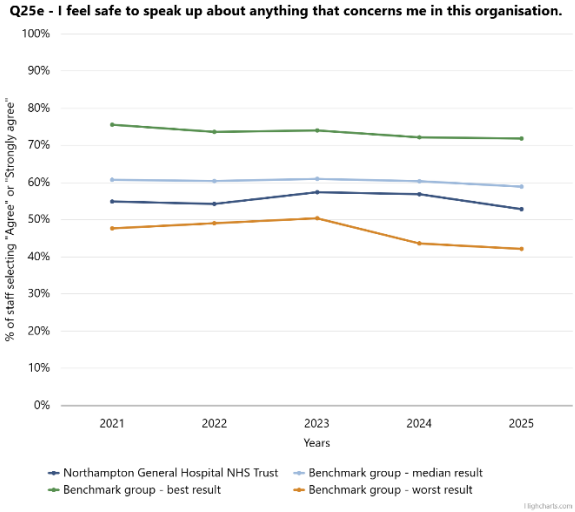
The % of staff agreeing with each of these statements has fallen nationally, on average and this is reflected at NGH across all questions which may align with the increase in anonymous reporting evidenced for 2025/26.

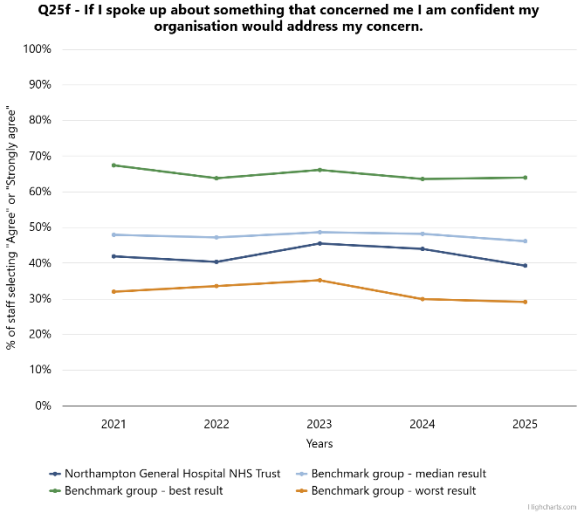
Confidence in speaking up at KGH, with the exception of Q20a (a slight decline in line with national figures) has improved across 20b, 25e and 25f.

Northampton General Hospital Responses

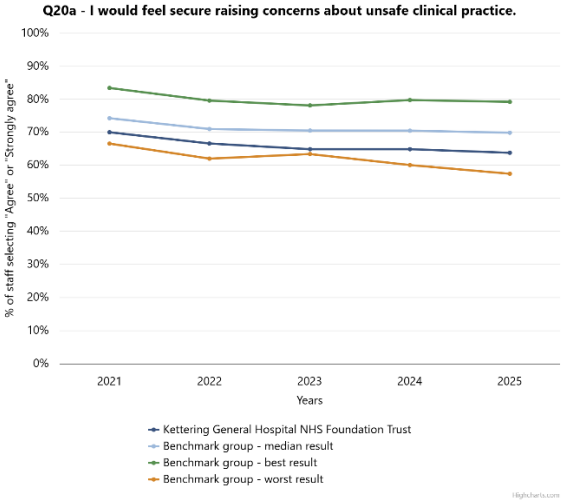


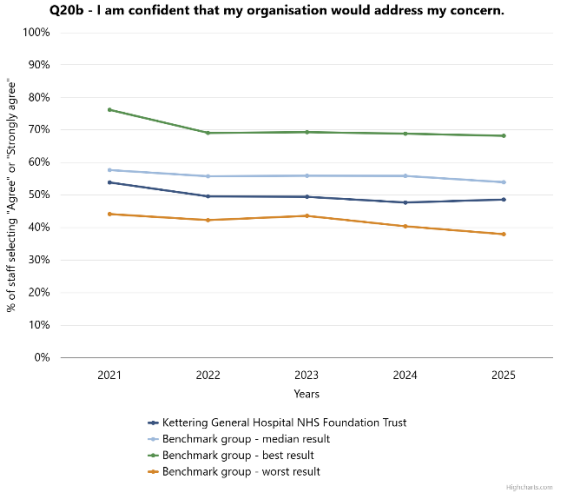


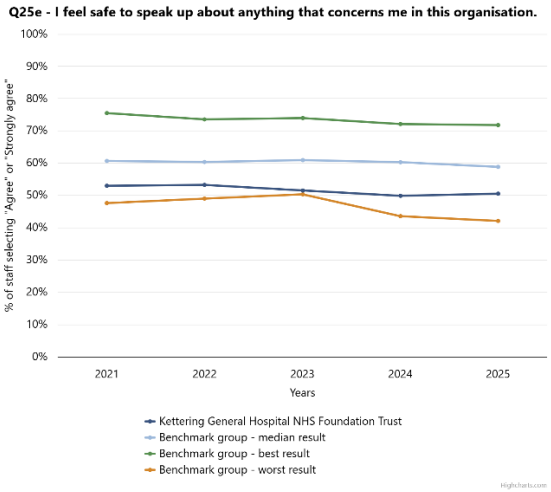


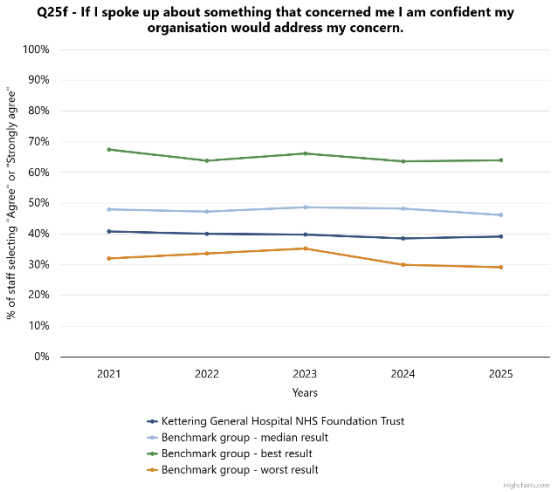


Kettering General Hospital Responses









Northampton General Hospital NHS Trust -

Kettering General Hospital NHS Foundation Trust -

Benchmark group - median result -

Benchmark group - best result -

Benchmark group - worst result -